



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, Suite 100, 1st Floor, Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

SWIMMING POOL MANAGEMENT COMPANY REGISTRATION

(LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON)

TODAY'S DATE: _____

☐ New ☐ Renewal

Fee: **\$55** Per Facility

Management Company Name: _____

Management Company Address: _____

Telephone No.: _____ Fax No.: _____ Federal Tax ID: _____

Email Address (**REQUIRED**): _____ Telephone No.: _____

Pool Name (Facility): _____

Pool Address: _____

Pool Management Company Representative Responsible for this facility:

Name: _____ Telephone No.: _____ Fax: No.: _____

Email Address: (**REQUIRED**) _____

Date individual was notified or will be notified regarding this assignment: _____

Pool Management Company responsibilities: (Check all that apply):

- ☐ Assuring compliance with all operating standards set forth in Chapter 51 of the Montgomery County Code and all rules and regulations promulgated hereunder.
- ☐ Providing for the physical maintenance, supplies and personnel as required by Chapter 51 and all rules and regulations promulgated hereunder.
- ☐ Obtaining all necessary permits and licenses.

NOTE: POOL MANAGEMNET COMPANY MUST NOTIFY THE LICENSURE AND REGULATORY SERVICES DIVISION WITHIN 48 HOURS OF ANY CHANGE IN RESPONSIBLE PERSONNEL.

Workers' Compensation Insurance Company Name: _____ **Policy/Binder No.:** _____

Check here ☐ if this facility is operated by a sole proprietor with no employees, or by members of a partnership or LLC, and a Certificate of Compliance has been obtained.

If you do not have Worker's Compensation Insurance, you must submit a copy of the Certificate of Compliance issued by the Worker's Compensation Commission (410-864-5100 or 800-492-0479).

SIGNATURE OF APPLICANT: _____

PRINTED NAME AND TITLE OF APPLICANT: _____

Submit completed application and fee to address above. CASH IS NOT ACCEPTED. Checks/Money Orders payable to: "Montgomery County, Maryland".

Payment Method (select payment method): ☐ Check or ☐ Money Order
☐ Visa or ☐ Master Card Only (complete information below)

OFFICE USE ONLY

Receipt No.: _____ Date Received: _____ Amount Paid: _____ Staff Initials: _____

Check/Money Order No.: _____ Credit Card Approval Code (MC/VISA): _____

CREDIT CARD PAYMENT SECTION (confidential fax line for credit card payment: 240-777-4531)

Credit Cardholder's Name: _____ Credit Card No: _____

Exp. Date: _____ 3 Digit Security Code: _____ Amount: \$ _____

I agree to pay the above total amount according to the card issuer agreement:

Cardholder's Signature: _____